

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

This information will be available to parents, schools, and the general public. All parts must be completed.

PROVIDER INFORMATION

NAME OF PROVIDER:

Ferguson-Florissant School District/ Community Education Department

MAILING ADDRESS:

1005 Waterford Drive

CITY:

Florissant

STATE:

MO

ZIP CODE:

63033

PHONE NUMBER:

(314) 506-9000

FAX NUMBER:

(314) 506-9010

E-MAIL ADDRESS:

www.fergflor.org

PRIMARY CONTACT INFORMATION

NAME:

Pam Dorton

PHONE NUMBER:

(314) 506-9982

E-MAIL ADDRESS:

pdorton@fergflor.k12.mo.us

SERVICES**Provider status—check all that apply:**

- ☐ For-profit organization
☒ Non-profit organization
☐ Faith-based organization

- ☒ School district
☐ School building
☐ Individual
☐ Other:

Areas to be served by provider:

- ☐ All school districts in Missouri
☒ Specific districts or counties. Please list or submit attachment:

*Ferguson - Florissant School District***Number of sessions per week:** Two sessions per week**Minimum/maximum numbers:**Minimum number of students required before offering services: 2Maximum number of students to be served at a session (student/tutor ratio): 5/1**Cost per session:** \$18.00**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☐ Provider site
☐ Other—explain:

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?

(Note: Districts are not required to provide or pay for transportation).

Certification of instructors:

- ☒ Baccalaureate degree in education
☐ Baccalaureate degree in related field of instruction. Please list related field(s): _____
☐ Reading Specialist
☐ Other: _____

Additional education and/or experience:

- ☐ Masters level degrees or above in either reading or mathematics
☒ Missouri teacher certificated/licensed teachers
☐ Experience teaching students with specific disabilities
☒ Experience teaching LEP students
☐ Ability to speak languages other than English. Please list: _____
☒ Other: Reading and Math Certification

Tutoring subjects available:

☒ Reading ☐ Writing ☒ Math

Grade Levels Served:

☒ K-2 ☒ 3-5 ☒ 6-8 ☐ 9-12

Title or description of tutoring curriculum utilized: Summer Success Reading, Great Source Math

Time of Service:

☐ Before School
☒ After School
☐ Weekends
☐ Summer
☐ Other: _____

Mode of Instructional Delivery:

☐ Individual Tutoring
☒ Small Group Instruction (2 to 5 students)
☐ Large Group Instruction (6 to 10 students)
☐ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):**Method:**

☒ letters
☒ phone calls
☒ conference with parents
☒ conference with parents & school
☐ other: _____

Frequency:

☐ weekly
☒ bi-monthly
☐ monthly
☐ other: _____

Specific Student Populations Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☒ Minority students
☐ Migrant students
☒ Limited English proficient students (LEP)
☐ Indicate particular language(s) with which you have expertise _____
☒ Special education students
☐ Other—describe: _____
☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
Indicate subgroups: _____

Effectiveness:

Give a brief summary of statistical data that demonstrates effectiveness of your program/services. (Appropriate data will be shared with parents).

The Ferguson-Florissant School District Office of Community Education offers Adventure Club before and after school programs to provide a safe, enriching and nurturing environment for students; Community Education Programs to enhance and education our community; and Night School for high school students.
The effectiveness of the instructional programs of Summer Success Reading, Great Source Math, and the Community Education Program are attached.